

APR 28 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: Strawn

Attorney Docket No.: CISC186/3226

Application No.: 09/738,749

Examiner: Hassan A. Phillips

Filed: December 14, 2000

Group: 2151

Title: TECHNIQUE FOR MONITORING
HEALTH OF NETWORK DEVICE USING DATA
FORMAT VERIFICATION

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Hassan A. Phillips at facsimile telephone number (571) 273-8300 on April 28, 2006.

Signed: _____

Joyce L. Ferreira

NOTICE OF APPEALCommissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Primary Examiner mailed January 30, 2006 finally rejecting Claims 45-96.

The item(s) checked below are appropriate:

Appeal Fee: ☐ \$250.00 (Small Entity) ☒ \$500.00 (Large Entity)

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply:

☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR

1.17(a)-(d)) for the total number of months checked below:

05/01/2006 TL0111 00000044 500388 09738749
01 FC:1401 500.00 DA

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	<u>Months</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input type="checkbox"/>	one	\$120.00	\$ 60.00
<input type="checkbox"/>	two	\$450.00	\$225.00
<input type="checkbox"/>	three	\$1,020.00	\$510.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

☒ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Total Fee Due

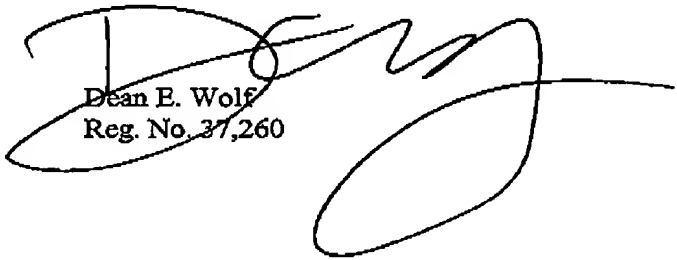
Notice of Appeal Fee	\$500.00
Extension Fee (if any)	\$
Total Fee Due	\$500.00

☐ Enclosed is Check No. _____ in the amount of \$ _____.

☒ Pre-Appeal Brief Request for Review.

☒ Charge any additional fees or credit any overpayment to Deposit Account No. 500388, (Order No. CISC186).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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